Designing Survivor-Centered Housing Programs for Victims of Domestic Violence
AGENDA

Part 1- DV 101
1. Definition of Domestic Violence
2. Methods of control
3. Challenges to leaving
4. Accessing DV Services

Part 2- Housing
5. Unique Housing Needs of Survivors
6. CCADV Rapid Rehousing
CT COALITION AGAINST DOMESTIC VIOLENCE

- Connecticut Coalition Against Domestic Violence (CCADV) is the state’s leading voice for victims of domestic violence and those organizations that serve them.

- A membership organization of CT’s 18 domestic violence service agencies that provide critical support to victims including counseling, support groups, emergency shelter, court advocacy, safety planning, and lethality assessment, among other services.

- We support our membership through capacity building, technical assistance and a comprehensive training program.

- We work to change social conditions through policy, advocacy, public awareness and community education though national and state level advocacy.
What is Domestic Violence?

Domestic violence is a pattern of abusive behavior in an intimate relationship where one partner tries to control and dominate the other.

The behavior may be coercive in nature or physically or sexually abusive with the victim oftentimes left feeling scared, confused, dependent and insecure.

Assaulting, threatening, harassing, strangling, or stalking an intimate partner is a crime in the state of Connecticut.
Methods of Control
Complexities of Domestic Violence

Social Complexities

• Ethnicity/Race
• Culture
• Traditions
• Disabilities
• Language

Substance Use

Substance abuse has been found to co-occur in 40-60% in IPV incidents

Weapons

The presence of weapons increases the ongoing threat of violence

Behavioral Health

Approximately 20% of IPV survivors reported experiencing a new onset of psychiatric disorders such as major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder (PTSD).
Complexities of Domestic Violence

Trauma

- Victims of domestic violence experience trauma leaving them to cope with the loss of their sense of safety and security
- Trauma exposure increases the likelihood of a range of vulnerabilities such as PTSD, depression, anxiety and other mental health conditions
- Trauma effects the way victims approach potentially helpful relationships
- Victims are often reluctant to engage in any type of human services which compounds their issues of isolation
Abusive Tactics

• **Isolation:** Why do you want to see your family every week?

• **Intimidation:** Making your partner afraid by using looks, actions, gestures

• **Using coercion and threats:** I will kill myself if you leave – I will take the children away from you

• **Using children:** To spy on the victim, using visitation to harass victim, telling children “I would be at home if mom would let me.”
Abusive Tactics

• **Damaging partner’s relationships:** Telling people she is crazy/liar, using email and Facebook to send negative messages to friends

• **Minimizing, denying and blaming:** But I didn’t hit you that hard, you bruise easily, I wouldn’t have hit you if you hadn’t been smiling at that person

• **Being possessive and jealous:** Telling victim “you are mine and always will be.”

• **Controlling:** Not giving enough money for groceries, taking partner to every place s/he goes
Signs: What to Look For

Victim/Survivor may:

• Have frequent injuries, with the excuse of “accidents”

• Dress in clothing designed to hide bruises or scars

• Difficulty making decisions and may lack self-confidence

• Be restricted from seeing family and friends

• Rarely go out in public without their partner
Signs: What to Look For

Abusive partner may:

• Do all the talking for the family

• Intimidate family through looks or gestures

• Control the finances

• Set rigid guidelines for the family

• Minimize his/her inappropriate behavior
Challenges to Leaving

- Fear
- Love
- Children
- Money
- Limited or no support system
- Abuser promises to change
- Peer pressure
- It might be safer to stay at that time

Most victims do not want the relationship to end—rather, they want the violence to stop.
Connecticut IPV Resources
Domestic Violence Services

Services:
- Counseling
- Support groups
- Emergency shelter
- Court advocacy
- Housing Advocacy
- Safety Planning
- Lethality Assessment
- Information & referrals
- Educations & trainings
Role of an IPV Advocate

• Safe Connect is 24/7, free, confidential, & not attached to law enforcement or DCF.

• Available to answer questions, provide office resources, and serve as an expert on domestic violence.

• They provide safety planning and support (short & long term).

• They will explore all possible scenarios and outcomes to support the best decision for the client and their children.

• They connect clients to additional services:
  • Safety planning
  • Housing & legal advocacy
  • Support groups and one-on-one counseling
  • Referrals to other programs for health/mental health
What to expect: You are in control

People contact Safe Connect for themselves or someone else they care about. Some have questions about their relationships and just want to talk. We take your lead, offering information, options, and possible outcomes.

While many of us have been in situations similar to yours, you are the expert about you.

- We will always ask if you are in a safe place to talk or message.
- If you are concerned that someone may be monitoring your Internet or phone usage, please let us know right away. We can help.
- We will ask you questions. We do this so we can better understand you and what you’re going through. Share only what you’re comfortable sharing.
- We like to follow-up with you within 48 hours — but will do this only with your permission, and in the way you tell us feels safest.
How to Reach Safe Connect

Call or Text us at 888.774.2900

Chat with us at CTsafeConnect.org

Email us at SafeConnect@ctcadv.org
CCADV’s DOMESTIC VIOLENCE / HUMAN TRAFFICKING RAPID REHOUSING PROGRAM DESIGN
CORE COMPONENTS OF RAPID REHOUSING

• Housing Location Assistance. This includes landlord negotiation, viewing apartments with clients, completing applications, etc. *Households should be housed in 30 days or less.*

• Flexible Assistance. The appropriate assistance (financial and/or housing supports) necessary is provided for the shortest period of time possible.

• Case Management and Services. Supports a client’s path towards housing stabilization, including connecting to community resources.
Critical Elements of a DV Specific Program

- Building in safety for participants and advocates
- Acknowledging that high housing barriers will often be a reality as a result of DV
- Ensuring fidelity to VAWA: no HMIS, confidentiality, and voluntary services
- Ensuring access to survivors not using the shelter system (including cultural communities, communities of color, and people with disabilities)
- Knowing the fair housing laws that impact survivors
- Using a trauma-formed, survivor-centered approach. Advocates avoid assuming a role where they are putting a victim in another relationship of power and control. Advocates do not tell victims what to do or make decisions for them. Rather, Advocates offer realistic options and let victims take the lead.
CCADV DOMESTIC VIOLECE / HUMAN TRAFFICKING RRH

Recognizing the unique needs of survivors, HUD (Housing and Urban Development) created an opportunity for funding specifically for survivors of domestic violence.

Program policies and guidelines are set by CT’s Continuums of Care (CoCs); CTBOS and ODFC.

CT State Department of Housing (DOH) serves as grantee and CCADV serves as subrecipient to administer the program.

CCADV subcontracts with CCADV Member Organizations, CIRI, and Housing Agencies to collaboratively work together to serve families statewide fleeing domestic violence and human trafficking.
DOMESTIC VIOLENCE RAPID RE-HOUSING

CCADV administers Connecticut’s domestic violence and human trafficking rapid re-housing program aimed at diverting homelessness specifically among survivors. Funding supports short- and long-term rental subsidies, housing location services, and case management. Survivors stay connected to a domestic violence advocates at CCADV’s 18 member organizations who provide case management that includes trauma-informed, victim-centered approaches to rebuilding self-esteem, developing essential life skills, and establishing financial independence by supporting their goals to increase income and self-sufficiency, in addition to traditional safety planning, counseling, risk assessment, and other support services already provided.

705 VICTIMS SERVED

This includes **281 ADULTS** and **424 CHILDREN** receiving case management & either housed or in the housing search process.

**310 VICTIMS HOUSED**

- **120 ADULTS**
- **190 CHILDREN**

**REFERRAL FROM**

- 48% COMMUNITY CLIENTS
- 52% SHELTER CLIENTS

**FINANCIAL INDEPENDENCE**

- 37% INCREASED INCOME
- 35% MAINTAINED INCOME

**PROGRAM OUTCOMES**

- 99% exited to a POSITIVE DESTINATION
- 74% went on to PAY THEIR OWN RENT
- 14% received a PERMANENT SUBSIDY
- 93% felt SAFER
- 100% stated their CHILDREN FELT SAFER
- 85% stated their HEALTH IMPROVED
UNIQUE ASPECTS OF CCADV’S RRH PROGRAM

Using data from the first two years of the program, guidance from national TA providers, focus groups, and survivor satisfaction surveys, the program model has been designed to best meet the needs of survivors.

1. Program eligibility; households do not need to be in shelter to access this program

2. Coordinated Entry: 211 does not have to be point of entry

3. Housing location collaboration with the homeless system

4. Rapid Rehousing in Place
Program Eligibility
HUD DEFINITIONS OF HOMELESSNESS

**Category 1: Literally Homeless (Already Homeless)**
- Staying in a place not meant for human habitation, in shelter, in an institution <90 days, in a hotel paid for by a social service agency

**Category 2: Imminently Homeless (Almost Homeless)**
- Formal or informal eviction occurring within 14 days without sufficient income or resources of support to help them stabilize

**Category 3: Persistent Instability/Homeless under other federal statutes**
- NOT a category recognized by the state of CT

**Category 4: Actively Fleeing DV, HT, SA, Stalking, Dating Violence (Actively Unsafe)**
- Can broadly include fleeing trafficking and other physically dangerous activities
WHAT IS FLEEING OR ATTEMPTING TO FLEE?

• Fleeing domestic violence is not about leaving a place. It is about leaving abuse, control, and manipulation.
• The process is unique to each victim. For some it may be quick, for others it takes a long time.
• Safety planning is an essential part of the fleeing process.
WHY SURVIVORS DO NOT HAVE TO BE LITERALLY HOMELESS

• Only a small percentage of DV survivors ever go to shelters

• Many survivors remain in extreme dangerous relationships in order to avoid homelessness

• Many people in non-mainstream cultural groups avoid shelters and other social services and instead stay with family and friends

• Survivors who flee and can’t sustain their housing are highly vulnerable to return to an abuser

• Survivors are often forced to make difficult choices between their safety and their stability

• Survivors are often forced to make impossible choices between their safety and their stability
PRIOR LIVING SITUATION

Households in the community are often in more danger than those staying in shelter:

- Households are still living with abuser/perpetrator
- Households are staying with friends/family but are still in an abusive relationship / situation and may be putting friends / family in danger
- Households are not in shelter
  - Cannot stay in shelter because shelter is full
  - Cannot stay in shelter because of family situation
  - COVID
- May have their own unit but are still being victimized
Coordinated Entry, Confidentiality, and Accessibility
CAN System Overview
A high-level diagram of the coordinated access process from entry to exit
CONFIDENTIALITY
EQUITY & ACCESSIBILITY

PARTNERS: CCADV subcontracts with the 18 member sites (4 “dual organizations”) as well as Connecticut Institute for Refugees and Immigrants (CIRI), a statewide agency with expertise in supporting survivors of human trafficking.

OUTREACH: CCADV does outreach / presentations across disciplines; CAN, DCF, hospitals, court advocates, Office of the Victim Advocate, Home Visiting Programs, CT Coalition Against Human Trafficking

POINT OF ENTRY: CT Safe Connect is staffed 24/7, talk/text/email. CT Safe Connect advocates are 85% bilingual in English and Spanish with several other languages also spoken and their cultural backgrounds span over ten different countries and four continents. The CT Safe Connect platform also auto-translates many spoken languages.

STAFFING: Twenty-eight percent of RRH staff reported being a survivor of domestic violence themselves and 25 percent reported being homeless at some point in their lives. Forty-seven percent of staff were nonwhite and twenty five percent spoke more than one language.
PROGRAM STAFFING

- 18 DV Member Organizations
- 1 Statewide Human Trafficking Provider
- 5 Housing Location Specialists
- CCADV RRH Program Manager
- CCADV RRH Finance & Compliance Manager
- 1 Program Director

- Advocates attend local CAN meetings
- Advocates/Supervisors & Housing Specialists attend monthly check-in with CCADV (ODFC & CTBOS combined)
- Advocates/Housing Specialists attend Housing Solutions Meetings at CCADV
COLLABORATION BETWEEN SYSTEMS: HOUSING LOCATION
UNIQUE CHALLENGES OF HOUSING LOCATION

“During apartment search the divorce proceedings continued, as did the abuse. The survivor found an apartment that she liked and ... spoke to her family attorney about the potential to move and the attorney had advised her not to. The survivor felt stuck, and per the advice of her attorney, decided not to sign the lease.”

“The survivor was living with her abusive partner. The abuse was both emotional and physical, and there had been police involvement following an incident in which the abuser showed up at the client’s place of employment. The client wanted to leave the situation safely, without the abuser’s knowledge. The survivor was only able to meet during lunch break, as the client wanted to ensure the abuser did not discover the plans to move out.”

Many survivors are leaving an abuser who was providing significant if not all financial support to the household. It became a challenge when a survivor was looking to stay in their current community to maintain natural, community, or school supports – which are critical to safety and stability – where apartments are expensive, significantly over fair market rent, or housing stock is minimal.
Housing Location Considerations

- What’s affordable isn’t always safe *(safety worksheet & flexible rent reasonableness)*
- Living in high-crime neighborhoods can trigger PTSD and trade one form of danger for another *(flexibility with time it takes to find a unit)*
- Reality: In many communities, housing choices are severely limited *(survivor-centered choice)*
- Safe radius outside of abuser’s known stomping grounds is an important consideration *(out of state option)*
- Safety planning is essential *(statewide flexibility)*
HOUSING LOCATION

Housing Locators receive a DV 101 training and have access to CCADV’s training institute for other DV related trainings.

Survivors experience greater success in obtaining leases despite pre-existing barriers like poor credit histories, prior evictions, and utility balances in arrears.

Creates housing location capacity across the CAN.
RAPID REHOUSING IN PLACE
RAPID REHOUSING IN PLACE: A TRAUMA-INFORMED OPTION

• Victims/Survivors may feel that the safest and most stable option when fleeing is to remain in their current location. There may be circumstances where safety concerns make this option impossible. However, there are times when staying in the current location will be safer if they can remove the abuse from the home.

• Rapid Rehousing In Place is a trauma informed, victim-centered option that can minimize stress, is a less expensive option to moving, and will offer housing stability quickly. For many, moving is an incredibly stressful and expensive process, especially after working towards freeing themselves from a violent situation. It can be re-victimizing to uproot a family and start all over again.

• Moving can have unintentional consequences such as separating children from their support networks. Separating a child from friends, teachers, or neighbors after just being separated from a parent could result in additional trauma.
RAPID REHOUSING IN PLACE

• Victims/Survivors are less likely to be literally homeless; but rather experience more housing instability so it better meets the needs of the Category 4 population.

• Rapid Rehousing In Place provides housing stability to the victim keeps them in control.

• The survivor does not have to ‘start over’ – prevents re-victimization.

• It give the survivor more options.

• Increases accessibility by offering a more culturally appropriate option for populations that are not likely to access a shelter.

• Removes housing location barrier as many survivors have eviction histories, poor credit, spotty employment, no landlord references due to DV history, pets, or do not present well due to trauma.
How to Reach Safe Connect

- Call or Text us at 888.774.2900
- Chat with us at CTSafeConnect.org
- Email us at SafeConnect@ctcadv.org
Thank You!

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